

### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e		,			•		
<b>Due Dates</b> All Routes				ounty Sup	To OPI October 15		Rate Per Mile \$1.57
County Name			County Number	District	Name		Legal Entity Number
Rosebud			44		th Public Schools		0790 0791
Route #	Length	n of Route	(miles per day)	Type of	f Service □ Bus Route Mil □ Non Bus Milea	•	Rated Capacity
4	121.2	_		Bus R	toute Mileage	ŭ	72
Vehicle I.D. #		icense #		<ul><li>□ District</li><li>□ Contra</li></ul>	: Owned C ct - If so, Name of Owner	District Own	ed
8106		9205		□ Contra	cted rate per mile		
Reimbursement Distribution- En	nter the l	egal entity		e of state/co		aid to each dis	trict. Note: Percentages
Legal Entity 0790	L	_egal Entity		Legal E		Legal Entity	у
% 73.00		% 27.	00	%		%	
PASSENGER INFORMATION			ELEMENTARY RIDE	DC:	HIGH SCHOOL RI	DEDS	TOTAL
Number of Preschool/Kindergar riding this route	ten pupi	ils	(Grades PK-8)	.NO	(Grades 9-12		ELIGIBLE RIDERS
			a NUMBER		b NUMBER		c a+b
Regular (include eligible Preschool/k	Kindergar	ten					
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	ance	ers)					
Nonpublic School Riders (ineligible)		0.07					
TOTAL RIDERS							
We hereby certify that this bus with County Transportation Committee. We agree to supervision of this bus required; to provide a vehicle which Superintendent; and to provide a lice. We also agree to refrain from soil we understand that violations of this bus route.  We agree that if this route crosse the school boards of both districts show understand route changes of accordance with 20-10-132, MCA.	We furthe us and bu meets the ensed, quiciting or othe laws, as district I hall be attacurring discourring discour	er certify that us route by the minimum shallfied and a causing other rules or regulations and transached to the luring the scluring th	this bus transports pupils ethe State Superintendent; to trandards as established by pproved driver to operate sers to solicit students from culations governing school transports students from outsite county superintendent's concol year require the filing concol year require the filing concoling the state of the sta	eligible for sch make such r the Board of such vehicle a ther transpor ansportation de the distric- topy of this do- of an amende	nool transportation as defined by eports to the State Superintende Public Education, the Montana is required by 20-10-103, MCA. tation areas. will be sufficient cause for withhout, a copy of the agreement betweenthet. d TR-1 form and approval of the	20-10-101, MC/ ent and County S Highway Patrol a olding of state ar een Boards, 20- County Transpo	A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by ortation Committee in
I certify that this application for r bus operates on the route as ap							
Signature - Chair, Board of Trustees		•	,	-		Date	
County 1 This Application for Registration area assigned to it by the Count	of Scho	ool Bus and	d State Reimbursement		accordance with Section 2 eviewed and I certify that this		
Signature - Chair, County Transporta						Date	



### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda	ance with Title	20 Chapter 10 Part 1	MCA	School dis	strict official must complete	one form for ea	ach bus route that	
receives state reimbursement e							Rate Per Mile	
<b>Due Date</b> All Routes			To Cou	unty Supt er 1	To OPI October 15		\$1.15	
		Occupt Niverban			Name -			
County Name		County Number		District	name		Legal Entity Number	
Rosebud Route #	Longth of D	44 oute (miles per day)			th Public Schools  Service   Bus Route M	iloogo	0790 0791 Rated Capacity	
Route #		oute (miles per day)		Type of	□ Non Bus Mile	•		
Vehicle I.D. #	88.5	0.44			oute Mileage	D: 1: 10	53	
venicie i.D. #	е #		<ul><li>□ District</li><li>□ Contra</li></ul>	Owned ct - If so, Name of Owner	District Own	ed		
1304 2987					cted rate per mile			
Reimbursement Distribution- En			of state/co		oaid to each dis	trict. Note: Percentages		
Legal Entity	Legal	Entity	nust mate	Legal E		Legal Entit	у	
0790		0791						
% 81.00	19.00		%		%			
PASSENGER INFORMATION						,,		
Number of Preschool/Kinderga	ELEMENTARY (Grades F	–	S	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS		
riding this route								
					b NUMBER		c a + b	
Regular (include eligible Preschool/riders)	Kindergarten	NUMBE			NOMBER		u b	
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	d Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attended)								
agreement) (Include ineligible Preschool/Kinden								
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
We hereby certify that this bus w County Transportation Committee.								
We agree to supervision of this be required; to provide a vehicle which	ous and bus rout	e by the State Superinten	dent; to m	ake such r	eports to the State Superintenc	lent and County S	Superintendent as are	
Superintendent; and to provide a lic We also agree to refrain from so	ensed, qualified	and approved driver to op	perate suc	h vehicle a	s required by 20-10-103, MCA			
We understand that violations of this bus route.						nolding of state a	nd county reimbursement for	
We agree that if this route crosse						veen Boards, 20-	10-126(2) MCA, signed by	
the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in								
	I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the							
bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees  Date							nmittee.	
J 1 7 , 1202 31 112000								
This Application for Registration	n of School Bu	s and State Reimburse			accordance with Section viewed and I certify that the			
area assigned to it by the Coun Signature - Chair, County Transport						Date		



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

TR-1 (05/2003) 1 copy State Supt. 1 copy County Supt. 1 copy School District Rate Per Mile \$1.80 Legal Entity Number 0790 0791 Rated Capacity

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. **Due Dates: To County Supt** October 15 All Routes October 1 County Name County Number District Name Rosebud Forsyth Public Schools Type of Service ☐ Bus Route Mileage Length of Route (miles per day) Route # □ Non Bus Mileage 63.2 **Bus Route Mileage** Vehicle I.D. # License # District Owned □ District Owned □ Contract - If so, Name of Owner 3234 140 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0790 0791 % % % 79.00 % 21.00 PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades 9-12) **ELIGIBLE RIDERS** (Grades PK-8) riding this route С **NUMBER** NUMBER a + h Regular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee Signature - Chair, Board of Trustees Date County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date



### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This forms is required in accord		T:41- 00	Charter 10 Dart 1 MCA	Cabaal di	atuiat afficial mount as moulate		ah hara wasata thart	
This form is required in accord receives state reimbursement								
Due Date	es:		То С	ounty Sup	t To OPI		Rate Per Mile	
All Route	es		Octo	ber 1	October 15	;	\$1.57	
County Name			County Number	District	Name		Legal Entity Number	
Rosebud			44	Forsy	th Public Schools		0790 0791	
Route #	Length	n of Route	e (miles per day)		Service   Bus Route Mi	-	Rated Capacity	
2	56.8			Bus R	□ Non Bus Mile Soute Mileage	age	72	
Vehicle I.D. #	L	icense #		□ District Owned District Owned				
3272	189			ct - If so, Name of Owner cted rate per mile				
Reimbursement Distribution- E	legal entit		of state/co	unty reimbursement to be p	aid to each dis	trict. Note: Percentages		
Legal Entity	L	Legal Ent		atch budget Legal E		Legal Entity	y	
0790			0791		·			
% 70.00		0/. 3/	0.00	%		%		
% 70.00 % 30.00  PASSENGER INFORMATION				70		70		
Number of Preschool/Kinderga	arten nuni	ils	ELEMENTARY RIDE (Grades PK-8)	RS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
riding this route			(3.4433.113)		(0.0000 1.2	,		
			а		b NUMBER		C	
Regular (include eligible Preschoo	l/Kindergar	rten	NUMBER		NUMBER		a + b	
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Relate	ed Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e miles OR nonresident and no atter								
agreement) (Include ineligible Preschool/Kinde		ore)						
Nonpublic School Riders (ineligible		C13)						
TOTAL RIDERS								
We hereby certify that this bus	will operate	e entirely o	n the route established by the	Board of Tru	I ustees and within the transporta	tion area assigne	ed and approved by the	
County Transportation Committee. We agree to supervision of this								
required; to provide a vehicle which Superintendent; and to provide a li						Highway Patrol a	and the State	
We also agree to refrain from some we understand that violations of						olding of state ar	nd county reimbursement for	
this bus route.  We agree that if this route cross				·		· ·	•	
the school boards of both districts We understand route changes	shall be att	tached to th	he county superintendent's co	ppy of this do	cument.	,	, , ,	
accordance with 20-10-132, MCA.  I certify that this application for			,					
bus operates on the route as a	approved				•	sportation Con	•	
Signature - Chair, Board of Trustee	<b>2</b> 8					Date		
					accordance with Section			
This Application for Registration area assigned to it by the Cou	nty Trans	portation		nas been fe	eviewed and i certify that this		within the transportation	
Signature - Chair, County Transpo	rtation Con	mmittee				Date		



### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

		en though t				tilize the sen		one form for e	ach bus route that Rate Per Mile \$1.80
County Name				County Number	Distric	t Name			Legal Entity Number
Rosebud				44	Forsy	/th Public s	Schools		0790 0791
Route #		Length of F	Route	(miles per day)		Type of Service ☐ Bus Route M			Rated Capacity
5		59.8			Bus I	Route Mile	□ Non Bus Milea age	age	84
Vehicle I.D. # License #					□ Distric	t Owned		District Own	ied
7974 14					act - If so, Na acted rate pe	ame of Owner r mile			
Reimbursement Distribution- Enter the legal entity number and percentage							rsement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity		Lega	I Entity	У	natch budge Legal			Legal Entit	ty
0790 0791									
% 91.00 % 9.00					%			%	
PASSENGER INFORMATION									
Number of Preschool/Kindergarten pupils (Grades PK-8) riding this route						HIG	GH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
				a		b			C .
Regular (include elig	ible Preschool/K	indergarten		NUMBER			NUMBER		a + b
riders)  1st Wheelchair (WC)	)								
2nd Wheelchair (WC	;)								
Additional Wheelcha	irs (WC)								
Non-WC IEP Lists To	rans as Related	Service							
TOTAL ELIGIBLE	RIDERS								
Ineligible Public Schemiles OR nonresider agreement) (Include ineligible Programment)	nt and no attendates	ance							
Nonpublic School Ri	ders (ineligible)								
TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.								A. Superintendent as are and the State  nd county reimbursement for 10-126(2) MCA, signed by	
I certify that this a	I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.								
Signature - Chair, Bo			*******	are adhoportunon of			Journy Hull	Date	
This Application fo	or Registration	of School B	us and						CA. s within the transportation
Signature - Chair, Co								Date	



### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e							one form for ea	ach bus route that
<b>Due Date</b> : All Routes		•		To Cou Octobe	inty Supt	t To OPI October 15		Rate Per Mile \$1.57
County Name			County Number		District	Name		Legal Entity Number
Rosebud			44		Lame	Deer Public Schools		0792 1230
Route #	Leng	th of Rou	te (miles per day)		Type of	F Service □ Bus Route Mil □ Non Bus Milea	J	Rated Capacity
1	76				Bus R	Coute Mileage	ige	72
Vehicle I.D. #		License #	‡		District		istrict Own	ed
4060		148				ct - If so, Name of Owner cted rate per mile		
Reimbursement Distribution- Er	nter the	e legal ent			f state/co ch budget		aid to each dis	strict. Note: Percentages
Legal Entity 0792	tity 1230		Legal E		Legal Entit	у		
0732 1230								
% 50.00 % 50.00					%		%	
PASSENGER INFORMATION			ELEMENTA DV	DIDED		111011 0011001 DI	2500	TOTAL
Number of Preschool/Kindergarten pupils (Grariding this route					5	HIGH SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS
	a NUMBEF			b NUMBER		c a+b		
Regular (include eligible Preschool/l	Kinderg	arten	NOWIDEI	`		NOWBER		a i b
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service	е						
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	lance							
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)		iders)						
TOTAL RIDERS								
We hereby certify that this bus w County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which Superintendent; and to provide a lice We also agree to refrain from sol We understand that violations of this bus route. We agree that if this route crosse the school boards of both districts sl We understand route changes of accordance with 20-10-132, MCA. I certify that this application for bus operates on the route as ap Signature - Chair, Board of Trustees	We furth us and meets to ensed, of iciting of the law es districtionall be accurring opproved.	her certify to bus route to bus route to the minimum qualified and or causing construct lines and attached to a during the attion of so	hat this bus transports pury the State Superintender in standards as established approved driver to operathers to solicit students fregulations governing schot transports students from the county superintender school year require the fishool bus and state rei	upils eligent; to med by the erate such from other nool transfer copy illing of a simburse	ible for schake such re Board of hyehicle a er transport sportation the district of this doon amended	nool transportation as defined by eports to the State Superintende Public Education, the Montana I is required by 20-10-103, MCA tation areas.  will be sufficient cause for withhout, a copy of the agreement between the course to the definition of the rue and complete to the best rue and complete rue and complete to the best rue and complete rue and comple	20-10-101, MC, and and County Sidighway Patrol a colding of state and the Boards, 20-County Transport of my knowlet	A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by ortation Committee in edge and belief, and the
County This Application for Registration						accordance with Section 2		
area assigned to it by the Coun	ty Tran	nsportation		ont na	- 5561116	s.roa ana roomiy mat mis	·	
Signature - Chair, County Transport	auon Co	ommutee					Date	



### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e		,			•	one form for ea	ach bus route that
<b>Due Date</b> All Routes				County Suprober 1	t To OPI October 15		Rate Per Mile \$1.57
County Name			County Number	District	Name		Legal Entity Number
Rosebud			44		Deer Public Schools		0792 1230
Route #	Leng	th of Route	(miles per day)	Type of	f Service   Bus Route Mi  Non Bus Mile	3 -	Rated Capacity
4	84			Bus R	Route Mileage	ŭ	78
Vehicle I.D. # 1776		License # 264			ct - If so, Name of Owner	District Own	ed
Reimbursement Distribution- Er			v number and percentag		cted rate per mile	aid to each dis	trict Note: Percentages
	iter trie		must m	natch budget	!!		
Legal Entity 0792		Legal Entit	ty 230	Legal E	ntity	Legal Entity	у
% 89.00		% 11	1.00	%		%	
PASSENGER INFORMATION						2500	T0711
Number of Preschool/Kindergar riding this route	ten pu	pils	ELEMENTARY RID (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a NUMBER		b NUMBER		c a+b
Regular (include eligible Preschool/l riders)	Kinderga	arten	NOMBER		HOMBER		u · b
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service	;					
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	lance						
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)		ders)					
TOTAL RIDERS							
We hereby certify that this bus w County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which Superintendent; and to provide a lice We also agree to refrain from sol We understand that violations of this bus route. We agree that if this route crosse the school boards of both districts sl We understand route changes of accordance with 20-10-132, MCA.	We furth ous and I meets thensed, of iciting of the laws es district hall be a occurring	ner certify that bus route by the minimum qualified and r causing oth s, rules or rec at lines and tr uttached to the during the so	at this bus transports pupils the State Superintendent; the standards as established by approved driver to operate there to solicit students from gulations governing school to transports students from outside county superintendent's conchool year require the filing	eligible for schoon make such or y the Board or y the Board or such vehicle a other transportransportation side the districtopy of this door an amende	nool transportation as defined by eports to the State Superintende Public Education, the Montana is required by 20-10-103, MCA. tation areas. will be sufficient cause for withhout, a copy of the agreement betwoment. d TR-1 form and approval of the	20-10-101, MC/ ent and County S Highway Patrol a olding of state ar een Boards, 20- County Transpo	A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by ortation Committee in
I certify that this application for bus operates on the route as ap							
Signature - Chair, Board of Trustees	3					Date	
County This Application for Registration area assigned to it by the Coun	of Sch	nool Bus an	nd State Reimbursement		accordance with Section 2 eviewed and I certify that this		
Signature - Chair, County Transport	•					Date	



### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordareceives state reimbursement e		,	•		•		
<b>Due Date</b> All Routes				County Sup tober 1	October 15		Rate Per Mile \$1.57
County Name			County Number	Distric	t Name		Legal Entity Number
Rosebud			44		e Deer Public Schools		0792 1230
Route #	Leng	th of Route	e (miles per day)	Type	of Service   Bus Route M  Non Bus Mile	3 -	Rated Capacity
7	38			Bus I	Route Mileage	Ü	72
Vehicle I.D. # 3511		License # 0057			ct Owned act - If so, Name of Owner acted rate per mile	District Own	ed
Reimbursement Distribution- Er	nter the	e legal entit		ge of state/c	ounty reimbursement to be p	aid to each dis	strict. Note: Percentages
Legal Entity		Legal Ent		match budge Legal I		Legal Entit	v
0792		_	1230		,	Ü	
% 47.00		% 5	3.00	%		%	
PASSENGER INFORMATION		70 3	3.00	70		70	
Number of Preschool/Kindergal riding this route	rten pu	pils	ELEMENTARY RID (Grades PK-8)		HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a NUMBER		b NUMBER		c a+b
Regular (include eligible Preschool/ riders)	Kinderg	arten	NOMBER		NOWBER		a · b
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service	е					
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinders	dance						
Nonpublic School Riders (ineligible)		iders)					
TOTAL RIDERS							
We hereby certify that this bus we County Transportation Committee. We agree to supervision of this be required; to provide a vehicle which Superintendent; and to provide a lice. We also agree to refrain from so we understand that violations of this bus route. We agree that if this route crosses the school boards of both districts in We understand route changes on accordance with 20-10-132, MCA.	We furth bus and meets t ensed, o liciting of the law es district	her certify the bus route by the minimum qualified and or causing of its, rules or rect lines and the tattached to the bus route of the certification.	at this bus transports pupils the State Superintendent; a standards as established but d approved driver to operate thers to solicit students from egulations governing school transports students from out the county superintendent's	eligible for so to make such by the Board of such vehicle other transportation transportation side the distri- copy of this do	chool transportation as defined by reports to the State Superintend of Public Education, the Montana as required by 20-10-103, MCA. Intation areas.  In will be sufficient cause for with ct, a copy of the agreement betwo	y 20-10-101, MC. lent and County S Highway Patrol a holding of state and veen Boards, 20-	A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by
I certify that this application for bus operates on the route as application for the section of							
Signature - Chair, Board of Trustees		•	•		•	Date	
County This Application for Registration area assigned to it by the Coun	n of Scl	hool Bus a	nd State Reimbursemen		n accordance with Section reviewed and I certify that thi		
Signature - Chair, County Transport	-					Date	



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda							one form for ea	ach bus route that
receives state reimbursement e	ven mou	ign transpo	ortees of another legal en	iity may ut	ilize the servi	ces.		Rate Per Mile
<b>Due Dates</b> All Routes			To Co Octob	unty Supt er 1		<b>To OPI</b> October 15		\$1.57
County Name			County Number	District	Name			Legal Entity Number
Rosebud			44	Lame	Deer Publi	ic Schools		0792 1230
Route #	_	of Route	(miles per day)	Type of		Bus Route Mil Non Bus Milea		Rated Capacity
8	38		<u></u>	Bus Route Mileage				72
Vehicle I.D. #	Li	icense #		□ District Owned District Owned □ Contract - If so, Name of Owner				
7348	1	93			cted rate per			
Reimbursement Distribution- En	iter the le	egal entity		of state/co ch budget		sement to be pa	aid to each dis	trict. Note: Percentages
Legal Entity 0792	L	egal Entity		Legal E			Legal Entit	У
% 100.00		%		%			%	
PASSENGER INFORMATION			ELEMENTA DV DIDEE	20	11101	LL OOLLOOL BU	DEDO	TOTAL
Number of Preschool/Kindergar riding this route	ten pupil	Is	ELEMENTARY RIDER (Grades PK-8)	(5	HIG	H SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS
			a NUMBER			b NUMBER		c a + b
Regular (include eligible Preschool/rriders)	Kindergart	ten						
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	ance	>						
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	jarten ride	ers)						
TOTAL RIDERS								
We hereby certify that this bus wi	II operate	entirely on	the route established by the I	Board of Tru	stees and withi	in the transportat	ion area assigne	ed and approved by the
County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which Superintendent; and to provide a lice We also agree to refrain from soli We understand that violations of this bus route.  We agree that if this route crosse the school boards of both districts she we understand route changes oc accordance with 20-10-132, MCA.	us and bu meets the ensed, qua iciting or o the laws, i as district li hall be atta courring du	us route by the minimum solified and accausing other rules or regulines and tradectoring the soliting the sol	the State Superintendent; to not and add as established by the approved driver to operate supers to solicit students from other ulations governing school trainsports students from outside county superintendent's cophool year require the filing of	nake such rone Board of och vehicle a per transportation was the district by of this document amended	eports to the St Public Educatic s required by 2: tation areas. will be sufficien t, a copy of the cument. d TR-1 form and	ate Superintender on, the Montana I 0-10-103, MCA. It cause for withhous agreement between disapproval of the	ent and County & Highway Patrol a olding of state and een Boards, 20- County Transpo	Superintendent as are and the State  and county reimbursement for 10-126(2) MCA, signed by ortation Committee in
I certify that this application for r bus operates on the route as ap								
Signature - Chair, Board of Trustees					-	·	Date	
This Application for Registration	of Scho	ool Bus and						
area assigned to it by the Count Signature - Chair, County Transporta	, .		Committee.				Date	
5	55.11							



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e							
<b>Due Date</b> All Routes				ounty Supt ber 1	t To OPI October 15		Rate Per Mile \$1.57
County Name			County Number	District	Name		Legal Entity Number
Rosebud			44		Deer Public Schools		0792 1230
Route #	Leng	th of Route	(miles per day)	Type of	F Service ☐ Bus Route Mi☐ Non Bus Mile:	3 -	Rated Capacity
5	24			Bus R	toute Mileage	ŭ .	72
Vehicle I.D. #		License #		<ul><li>□ District</li><li>□ Contra</li></ul>	: Owned Council Counci	District Own	ed
7348		193			cted rate per mile		
Reimbursement Distribution- Er	nter the	legal entity		e of state/co atch budget		aid to each dis	trict. Note: Percentages
Legal Entity		Legal Entit		Legal E		Legal Entity	У
0792							
% 100.00		%		%		%	
PASSENGER INFORMATION			EL EMENTA DV DIDE	.00	LIIOU COLLOGI, DI	DEDO	TOTAL
Number of Preschool/Kindergar riding this route	ten pur	pils	ELEMENTARY RIDE (Grades PK-8)	:KS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a NUMBER		b NUMBER		c a + b
Regular (include eligible Preschool/Friders)	Kinderga	arten	NOMBER		NOMBER		a · b
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service	9					
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	lance						
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)		ders)					
TOTAL RIDERS							
We hereby certify that this bus will County Transportation Committee. We agree to supervision of this be required; to provide a vehicle which Superintendent; and to provide a lick We also agree to refrain from sol We understand that violations of this bus route.  We agree that if this route crosses the school boards of both districts shall We understand route changes of accordance with 20-10-132, MCA.	We furth bus and I meets thensed, q iciting of the laws as districtionall be a	ner certify that bus route by the minimum squalified and a reausing other, rules or reget lines and tracked to the	t this bus transports pupils of the State Superintendent; to standards as established by approved driver to operate s ers to solicit students from o julations governing school to ansports students from outs e county superintendent's co	eligible for school make such rethe Board of such vehicle a sther transportation and the distriction of the distriction of this document.	nool transportation as defined by eports to the State Superintende Public Education, the Montana is required by 20-10-103, MCA tation areas. will be sufficient cause for withhouse, a copy of the agreement between the superior of the super	20-10-101, MC/ ent and County S Highway Patrol a olding of state ar een Boards, 20-1	A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by
I certify that this application for bus operates on the route as ap							
Signature - Chair, Board of Trustees		-	·			Date	
This Application for Registration	of Sch	nool Bus an	d State Reimbursement		accordance with Section 2 eviewed and I certify that this		
area assigned to it by the County Signature - Chair, County Transport	-		committee.			Date	
						1	



### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

T copy School Distr

This form is required in accorda receives state reimbursement e							one form for e	ach bus route that
<b>Due Date</b> All Routes				<b>o Cou</b> Octobe	nty Supt	To OPI October 15		Rate Per Mile \$1.57
County Name			County Number		District	Name		Legal Entity Number
Rosebud			44		Lame	Deer Public Schools		0792 1230
Route #	Leng	th of Rou	ite (miles per day)		Type of	F Service □ Bus Route M □ Non Bus Mile	0	Rated Capacity
2	32				Bus R	Coute Mileage	aye	72
Vehicle I.D. #		License	#	□ District Owned District Owned				
3514		0306				ct - If so, Name of Owner cted rate per mile		
Reimbursement Distribution- Enter the legal entity number and pe					f state/co h budget		aid to each dis	strict. Note: Percentages
Legal Entity 0792	ntity		Legal E		Legal Entit	ty		
0792	1230							
% 75.00 % 25.00					%		%	
PASSENGER INFORMATION			ELEMENTA DV. D	VDED(		LUQUI QQUIQQI B	IDEDO	TOTAL
Number of Preschool/Kindergar riding this route	ELEMENTARY R (Grades PK-		•	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS		
			a NUMBER			b NUMBER		c a+b
Regular (include eligible Preschool/liriders)	Kinderga	arten	NOMBLIC			NOMBER		a + 5
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service	9						
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	lance garten ri							
TOTAL RIDERS								
We hereby certify that this bus w County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which Superintendent; and to provide a lice We also agree to refrain from sol We understand that violations of this bus route. We agree that if this route crosse the school boards of both districts sl We understand route changes of accordance with 20-10-132, MCA. I certify that this application for bus operates on the route as ap	We furth ous and I meets the ensed, concidering on the laws es district hall be accurring or egistra oproved.	ner certify bus route he minimu qualified an r causing s, rules or ct lines and attached to during the	that this bus transports purby the State Superintender im standards as establisher and approved driver to operatorners to solicit students from egulations governing school of transports students from a transport students from a the county superintendent eschool year require the filichool bus and state rein	bils eligint; to mad by the atte such om othe cool trans outside t's copying of an attention of a mourse	ble for schake such reader such reader transportation the district of this doon amended	nool transportation as defined be eports to the State Superintend Public Education, the Montana is required by 20-10-103, MCA. tation areas. will be sufficient cause for with t, a copy of the agreement betwoument. d TR-1 form and approval of the rue and complete to the best	y 20-10-101, MC ent and County the Highway Patrol and Indian of State and Even Boards, 20-executy Transports of my knowlessportation County Tours of Transportation County Trans	A. Superintendent as are and the State  Ind county reimbursement for 10-126(2) MCA, signed by contation Committee in edge and belief, and the
Signature - Chair, Board of Trustees	3						Date	
This Application for Registration area assigned to it by the Coun	of Sch ty Tran	nool Bus sportatio	and State Reimburseme			accordance with Section eviewed and I certify that thi	s bus operates	
Signature - Chair, County Transport	ation Co	ommittee					Date	



### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement evaluations.						
<b>Due Dates</b> All Routes			County Suprober 1	To OPI October 15		Rate Per Mile \$0.95
County Name		County Number	District	Name		Legal Entity Number
Rosebud		44	Lame	Deer Public Schools		0792 1230
Route #	Length of Route	e (miles per day)	Type of	f Service ☐ Bus Route Mi ☐ Non Bus Mile	3 -	Rated Capacity
10	10		Bus R	toute Mileage	Ü	24
Vehicle I.D. # 8821	License #			ct - If so, Name of Owner	District Own	ed
Reimbursement Distribution- En		y number and percentag		cted rate per mile	aid to each dis	trict Note: Percentages
		must m	natch budget	!		
Legal Entity 0792	Legal Ent	ity	Legal E	ntity	Legal Entit	у
% 100.00	%		%		%	
PASSENGER INFORMATION	,,					
Number of Preschool/Kindergar riding this route	ten pupils	ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
		a NUMBER		b NUMBER		c a+b
Regular (include eligible Preschool/kiriders)	Kindergarten	NOMBER		NOMBER		a · b
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	ance					
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	arteri fiders)					
TOTAL RIDERS						
We hereby certify that this bus wi County Transportation Committee. We agree to supervision of this bi required; to provide a vehicle which Superintendent; and to provide a lice We also agree to refrain from soli We understand that violations of this bus route.  We agree that if this route crosse the school boards of both districts shi We understand route changes oc accordance with 20-10-132, MCA.	We further certify thus and bus route by meets the minimum ensed, qualified and ciciting or causing of the laws, rules or restantiall be attached to the service of the service of the service of the formal service of the service of	at this bus transports pupils to the State Superintendent; to a standards as established by a approved driver to operate theres to solicit students from a gulations governing school to transports students from outside county superintendent's c	eligible for schoon make such rown the Board of such vehicle a other transporransportation side the districtory of this do	nool transportation as defined by eports to the State Superintend Public Education, the Montana is required by 20-10-103, MCA. tation areas. will be sufficient cause for withh t, a copy of the agreement betwourent.	v 20-10-101, MC, ent and County S Highway Patrol a olding of state an een Boards, 20-	A. Superintendent as are and the State  and county reimbursement for 10-126(2) MCA, signed by
I certify that this application for r bus operates on the route as ap	•			•	,	9
Signature - Chair, Board of Trustees		ami are adrioportation se	or vice area a	congrict by the county that	Date	
County T This Application for Registration area assigned to it by the Count	of School Bus a	nd State Reimbursement		accordance with Section aviewed and I certify that this		
Signature - Chair, County Transporta					Date	



### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e							one form for e	ach bus route that
<b>Due Date</b> All Routes				Cou ctober	nty Supt	t To OPI October 15		Rate Per Mile \$1.57
County Name			County Number		District	Name		Legal Entity Number
Rosebud			44		Lame	Deer Public Schools		0792 1230
Route #	Leng	gth of Route	(miles per day)		Type of	Service   Bus Route Mi	J	Rated Capacity
6	10				Bus R	□ Non Bus Mile Soute Mileage	age	72
Vehicle I.D. #		License #			District	: Owned [	District Own	ied
3511		0057				ct - If so, Name of Owner cted rate per mile		
Reimbursement Distribution- Enter the legal entity number and pe					state/co		aid to each dis	strict. Note: Percentages
Legal Entity	Legal Enti		matci	Legal E		Legal Entit	ty	
0792								
% 100.00 %					%		%	
PASSENGER INFORMATION							_	_
Number of Preschool/Kindergar riding this route	ten pu	ıpils	ELEMENTARY RII (Grades PK-8		8	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
	a NUMBER			b	b NUMBER			
Regular (include eligible Preschool/	Kinderg	arten	NOWBER			NOMBER		a + b
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Servic	е						
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	ance							
Nonpublic School Riders (ineligible)		iders)						
TOTAL RIDERS								
We hereby certify that this bus will County Transportation Committee. We agree to supervision of this be required; to provide a vehicle which Superintendent; and to provide a lick We also agree to refrain from sol We understand that violations of this bus route.  We agree that if this route crosses the school boards of both districts of We understand route changes or accordance with 20-10-132, MCA.  I certify that this application for the bus operates on the route as apsignature - Chair, Board of Trustees	We furtus and meets ensed, iciting of the law es distrinall be accurring registroprove	ther certify the bus route by the minimum qualified and or causing off sr, rules or rect lines and to attached to the during the sation of schaffinn of schaffinn bus routes attached to the during the sation of schaffinn bus routes attached to the during the sation of schaffinn bus routes attached to the during the sation of schaffinn bus routes attached to the during the sation of schaffinn bus routes attached to the during the sation of schaffinn bus routes attached to the during the sation of schaffinn bus routes attached to the during the sation of schaffinn bus routes bus routes bus routes at the during the sation of schaffinn bus routes	at this bus transports pupils the State Superintendent; standards as established approved driver to operate ers to solicit students from gulations governing schoo ransports students from our ecounty superintendent's chool year require the filing tool bus and state reimb	Is eligit; to ma by the e such m other of trans utside to s copy g of ar	ble for sch ake such re Board of vehicle a r transport sportation the district of this doo a amended ment is ti	nool transportation as defined by eports to the State Superintend. Public Education, the Montana is required by 20-10-103, MCA. tation areas. will be sufficient cause for withh t, a copy of the agreement betwoument. d TR-1 form and approval of the rue and complete to the bes	20-10-101, MC ent and County : Highway Patrol olding of state a een Boards, 20- County Transport	A. Superintendent as are and the State  Ind county reimbursement for 10-126(2) MCA, signed by contation Committee in edge and belief, and the
County This Application for Registration area assigned to it by the County	of Sc	hool Bus ar	nd State Reimbursemei			accordance with Section 2 eviewed and I certify that this		
Signature - Chair, County Transport	ation C	ommittee					Date	



### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accords	anno wit	h Title 20	Chapter 10 Part 1 MCA	Sobool di	atriot official musi	t complete or	o form for or	ach hua route that
This form is required in accordate receives state reimbursement e							ie ioiiii ioi ea	den bus route that
					_	0.01		Rate Per Mile
<b>Due Date</b> All Routes				ounty Sup ber 1		<b>OPI</b> tober 15		\$0.95
County Name			County Number	District	Name			Legal Entity Number
Rosebud			44	Lame	Deer Public S	Schools		0792 1230
Route #	Lengt	th of Route	e (miles per day)			is Route Mile	age	Rated Capacity
						on Bus Mileag	je	0.4
11 Vehicle I.D. #	8	1:#		1	oute Mileage			24
Venicie I.D. #		License #		<ul><li>□ District</li><li>□ Contra</li></ul>	: Owned ct - If so, Name o		strict Own	ed
8821		277			cted rate per mile			
Reimbursement Distribution- Er	nter the	legal entit	ty number and percentage	e of state/co	unty reimbursem	nent to be pai	d to each dis	trict. Note: Percentages
		•	must m	atch budget	!	· .		
Legal Entity 0792		Legal Ent	ity	Legal E	ntity		Legal Entity	У
V. V_								
% 100.00		%		%			%	
PASSENGER INFORMATION	_	70		,,,			70	
			ELEMENTARY RIDE	RS		CHOOL RID	ERS	TOTAL
Number of Preschool/Kindergar	rten pup	oils	(Grades PK-8)		(G	Grades 9-12)		ELIGIBLE RIDERS
namy and route								
			a NUMBER			b NUMBER		c a + b
Regular (include eligible Preschool/	Kinderga	arten	NOWBER			NOWBER		a + D
riders) 1st Wheelchair (WC)								
, ,								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related Service		;						
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attended)								
agreement)		d = \						
(Include ineligible Preschool/Kinder, Nonpublic School Riders (ineligible)		uers)						
TOTAL RIDERS								
TOTAL KIDLIKS								
We hereby certify that this bus w	ill operat	te entirely o	n the route established by the	Board of Tru	stees and within th	ne transportatio	n area assigne	ed and approved by the
County Transportation Committee.  We agree to supervision of this be								
required; to provide a vehicle which	meets th	ne minimum	standards as established by	the Board of	Public Education, t	the Montana Hi		
Superintendent; and to provide a lic We also agree to refrain from so						U-103, MCA.		
We understand that violations of this bus route.	the laws	s, rules or re	egulations governing school tr	ansportation	will be sufficient ca	use for withhole	ding of state ar	nd county reimbursement for
We agree that if this route crosse						eement betwee	n Boards, 20-	10-126(2) MCA, signed by
the school boards of both districts so We understand route changes of						proval of the C	ounty Transpo	ortation Committee in
accordance with 20-10-132, MCA.								
I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, a bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.								
Signature - Chair, Board of Trustees		<u> </u>	,	-	<u> </u>		Date	
			Committee Approval as I					
This Application for Registration area assigned to it by the Coun				nas been re	eviewed and I cei	rtity that this b	ous operates	within the transportation
Signature - Chair, County Transport	-						Date	



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

Helena, MT 59620-2501 School Year 2003 - 2004 This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** All Routes October 1 October 15 \$1.80 Legal Entity Number County Name County Number District Name Rosebud Lame Deer Public Schools 0792 1230 Type of Service ☐ Bus Route Mileage Length of Route (miles per day) Route # Rated Capacity □ Non Bus Mileage 100 Bus Route Mileage Vehicle I.D. # License # District Owned □ District Owned □ Contract - If so, Name of Owner 6999 121 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0792 1230 % % % 58.00 % 42.00 PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** riding this route С **NUMBER** NUMBER a + h Regular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee	Date



### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required i	in accordance wi	ith Title 20.	Chapter 10. Part 1. MCA	A. School di	strict official must complete	one form for ea	ach bus route that
			portees of another legal e				Rate Per Mile
	<b>Due Dates:</b> All Routes			County Suprober 1	t <b>To OPI</b> October 15		\$1.80
County Name			County Number	District	Name		Legal Entity Number
Rosebud			44	Lame	Deer Public Schools		0792 1230
Route #	Leng	gth of Route	e (miles per day)		Service   Bus Route M	-	Rated Capacity
9	100	.4		Bus R	□ Non Bus Mile Route Mileage	eage	84
Vehicle I.D. #		License #		□ District	: Owned	District Own	ed
0868		262			ct - If so, Name of Owner cted rate per mile		
Reimbursement Distri	ibution- Enter the	e legal entit			unty reimbursement to be p	oaid to each dis	trict. Note: Percentages
Legal Entity		Legal Ent		natch budget Legal E		Legal Entit	y
0792			1230				
% 23.00		% 7	7.00	%		%	
PASSENGER INFOR	RMATION	70 1	7.00	70			
Number of Preschoolariding this route	/Kindergarten pu	ipils	ELEMENTARY RIDI (Grades PK-8)	ERS	HIGH SCHOOL R (Grades 9-1)		TOTAL ELIGIBLE RIDERS
			a		р		C
Regular (include eligible	Preschool/Kinderg	arten	NUMBER		NUMBER		a + b
riders) 1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related Service		е					
TOTAL ELIGIBLE RI	DERS						
Ineligible Public School F miles OR nonresident an		3					
agreement) (Include ineligible Presch		iders)					
Nonpublic School Riders	(ineligible)						
TOTAL RIDERS							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee.  We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filling of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees							
This Application for D					accordance with Section		
area assigned to it by	the County Tran	nsportation		. nas been re	eviewed and I certify that th	·	within the transportation
Signature - Chair, Count	y Transportation Co	ommittee				Date	



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e					one form for e	ach bus route that
						Rate Per Mile
Due Dates All Routes			ounty Supt ber 1	t To OPI October 15		\$0.95
County Name		County Number	District	Name		Legal Entity Number
Rosebud		44	Rosel	oud Public Schools		0794 0795
Route #	Length of Ro	ute (miles per day)	Type of	f Service   Bus Route M		Rated Capacity
1rosebud	89.2		Bus R	□ Non Bus Mile Route Mileage	eage	19
Vehicle I.D. #	License	#	□ District	t Owned	Contractor (	
0323	D690			ct - If so, Name of Owner cted rate per mile	Clifton Bus	Lines —
Reimbursement Distribution- Er	iter the legal er		e of state/co atch budget		oaid to each dis	strict. Note: Percentages
Legal Entity	Legal E	ntity	Legal E		Legal Entit	у
0794		0795				
% 45.00	%	55.00	%		%	
PASSENGER INFORMATION						
Number of Preschool/Kindergar	ten pupils	ELEMENTARY RIDE (Grades PK-8)	RS	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS
riding this route	<u> </u>	,		,	,	
		a		b		С
Regular (include eligible Preschool/h	Kindergarten	NUMBER		NUMBER		a + b
riders) 1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Non-WC IEP Lists Trans as Related Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e.,						
miles OR nonresident and no attend agreement)						
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	jarten riders)					
TOTAL RIDERS						
We hereby certify that this bus wi County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which Superintendent; and to provide a licc We also agree to refrain from sol	We further certify us and bus route meets the minimensed, qualified a	that this bus transports pupils of by the State Superintendent; to um standards as established by and approved driver to operate s	eligible for sch make such r the Board of such vehicle a	nool transportation as defined by eports to the State Superintend Public Education, the Montana as required by 20-10-103, MCA.	y 20-10-101, MC lent and County S Highway Patrol	A. Superintendent as are
We understand that violations of this bus route.	the laws, rules or	regulations governing school to	ansportation	will be sufficient cause for withh	nolding of state a	nd county reimbursement for
We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in						
accordance with 20-10-132, MCA.  I certify that this application for in the contraction and the route as an						
bus operates on the route as ap Signature - Chair, Board of Trustees		within the transportation se	i vice area a	issigned by the County Traf	Date Date	mmuee.
This Application for Registration area assigned to it by the County	of School Bus	and State Reimbursement		accordance with Section eviewed and I certify that thi		
Signature - Chair, County Transport					Date	



### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

Due Dates: All Routes    To County Supt October 15   To OPI October 15   \$1.36	This form is required in accordanc receives state reimbursement eve					one form for e	ach bus route that
Rosebud # Length of Route (miles per day)   Type of Service   Bus Route Mileage   Rated Capacity   Route #   Length of Route (miles per day)   Type of Service   Bus Route Mileage   Rated Capacity   Route Mileage   Route Mi		-					
Route # Length of Route (miles per day)  Type of Service   Bus Route Mileage   Bus Rou	County Name		County Number	District	Name		Legal Entity Number
Post Bus Route Mileage   60	Rosebud		44	Rosel	oud Public Schools		0794 0795
Second Contract of Second Contract October Second Contract of Second Contract October Second Contract of Second Contract October Second Contract	Route #	ength of Rou	te (miles per day)	Type of			Rated Capacity
PASSENGER INFORMATION  Legal Entity  7994  Legal Entity  7995  Legal Entity  7995  Legal Entity  7995  Legal Entity  8 55.00  8 45.00  9 45.00  9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9		98		Bus R		aye	60
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!  Legal Entity 0794  Legal Entity 0794  Legal Entity 0794  Legal Entity 0795  % 45.00  % 45.00  Rescent in Formation  Number of Preschool/Kindergarten pupils (Grades PK-8)  Regular (include eligible Preschool/Kindergarten diden)  Authority (WC)  2nd Wheelchair (WC)  2nd Wheelchair (WC)  2nd Wheelchairs (WC)  Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Ineligible Preschool/Kindergarten riders)  Nonpublic School Riders (i.e., under 3 miles OR nonresident and no attendance agreement)  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent, to make such reports to the State Superintendent as are required; to provide a licensed, qualified and approved driver to operate such vehicle as required; to provide a licensed, qualified and approved driver to operate such vehicle as required to the county address of the laws, rules or regulations governing school transportation area.  We agree to supervision of this bus and bus route by the State Superintendent, to make such reports to the State Superintendent and right way Part of and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required to 20-10-103, MCA.  We agree to supervision of this bus, rules or regulations governing school transportation will be sufficient cause for withholding of state and county elimbursement for this bus route.  We have also agree to refrant from social the district, a coy of the a general the tween Boards, 2-0-10-103, MCA, signed by the school boards of both dist	Vehicle I.D. #	License a	#				
Legal Entity 0794 Legal Entity 0795 Legal Entity 0795 Legal Entity 0795  % 55.00 % 45.00 % %  PASSENGER INFORMATION Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades PK-8) (Grades PK-8) (Grades 9-12)  ELEMENTARY RIDERS (Grades 9-12)  ELIGIBLE RIDERS (Include eligible Preschool/Kindergarten number of Preschool/Kindergarten pupils (Grades PK-8)  NUMBER NUMBER NUMBER  Regular (include eligible Preschool/Kindergarten number of Preschool/Kindergarten	9782	C711				Jillon Bus	Lines —
Legal Entity 0794 0795  % 55.00 % 45.00 % 45.00 % 55.00 % 45.00 %   **MIGH SCHOOL RIDERS TOTAL ELIGIBLE RIDERS  Regular (include eligible Preschool/Kindergarten pupils rider)  a NUMBER NUMBER NUMBER  **NUMBER *	Reimbursement Distribution- Ente	r the legal en				aid to each dis	strict. Note: Percentages
## A 55.00	g ,	Legal Er	ntity			Legal Entit	ty
PASSENGER INFORMATION  Number of Preschool/Kindergarten pupils (Grades PK-8)  Regular (include eligible Preschool/Kindergarten riders)  Regular (include eligible Preschool/Kindergarten riders)  Additional Wheelchair (WC)  2nd Wheelchair (WC)  Additional Wheelchairs (WC)  Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders)  Nonpublic School Riders (i.e., under 3 miles OR nonresident and no attendance agreement)  TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation are defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and county Superindendent are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation area.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree to refrain from soliciting or causing others to solicit students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the sohol boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval	0794		0795				
Number of Preschool/Kindergarten pupils riding this route    Canding this route	% 55.00	%	45.00	%		%	
Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) ELIGIBLE RIDERS riding this route  a b c c NUMBER NUMBER a + b  Regular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) 2nd Wheelchair (WC) Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible)  TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports the State Superintendent and corrunt superintendent and round the State Superintendent; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; to make such reports the State Superintendent and corrunds as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendents copy of this document. We understand traviolations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We understand traviolational provise school boards of both districts shall be attached to the county superintendents co	PASSENGER INFORMATION		ELEMENTA DV DID	CDC.	LIICH SCHOOL DI	DEDC	TOTAL
NUMBER NUMBER a + b  Regular (include eligible Preschool/Kindergarten riders)  1st Wheelchair (WC)  2nd Wheelchair (WC)  Additional Wheelchairs (WC)  Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible)  TOTAL Eligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible)  TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation area defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent are required; to provide a vehicle which meets the minimum standards as established by the Board of Vibra Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree to that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the fling of an amended TR-1 form and approval of the County Transportation Committee in		n pupils		EKS			
Regular (include eligible Preschool/Kindergarten riders)  1st Wheelchair (WC)  2nd Wheelchair (WC)  Additional Wheelchairs (WC)  Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement)  (Include ineligible Preschool/Kindergarten riders)  Nonpublic School Riders (ineligible)  TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Divide avehicle which meets the minimum standards as established by the Board of Divide avehicle which meets the minimum standards as established by the Board of Divide avehicle which meets the minimum standards as established by the Board of Divide avehicle which meets the minimum standards as established by the Board of Divide avehicle and the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Divide avehicle and the State Superintendent and the Vide of Divide avehicle which meets the minimum standards as established by the Board of Divide avehicle as required by 20-10-103, MCA.  We agree to refrain from soliciting or causing others to solicit students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and					_		-
1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filling of an ammedded TR-1 form and approval of the County Transportation Committee in		dergarten	NOMBER		HOMBER		u · b
Additional Wheelchairs (WC)  Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders)  Nonpublic School Riders (ineligible)  TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in							
Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible)  TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in	2nd Wheelchair (WC)						
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders)  Nonpublic School Riders (ineligible)  TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in	Additional Wheelchairs (WC)						
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible)  TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in	Non-WC IEP Lists Trans as Related Service						
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accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees  Date							
County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.  This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation	This Application for Registration of	f School Bus	and State Reimbursement				
area assigned to it by the County Transportation Committee.  Signature - Chair, County Transportation Committee  Date			n Committee.			Date	



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance receives state reimbursement even						
<b>Due Dates:</b> All Routes	:		County Supretober 1	t <b>To OPI</b> October 15		Rate Per Mile \$0.95
County Name		County Number	District	Name		Legal Entity Number
Rosebud		44		oud Public Schools		0794 0795
Route #	Length of Ro	ute (miles per day)	Type of	F Service ☐ Bus Route Mi☐ Non Bus Mile:	5 -	Rated Capacity
	72.4		Bus R	toute Mileage		22
Vehicle I.D. #	License	#	□ District	: Owned Ct - If so, Name of Owner \	Contractor C	
8989	E762			cted rate per mile		<del></del>
Reimbursement Distribution- Ente	er the legal er		ge of state/co match budget		aid to each dis	trict. Note: Percentages
Legal Entity 0794	Legal E		Legal E		Legal Entity	У
% 100.00	%		%		%	
PASSENGER INFORMATION						_
Number of Preschool/Kindergarte riding this route	en pupils	ELEMENTARY RIE (Grades PK-8)		HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
		а		Ь		C
Regular (include eligible Preschool/Kii	ndergarten	NUMBER		NUMBER		a + b
riders) 1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related Service						
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., ur miles OR nonresident and no attendar agreement) (Include ineligible Preschool/Kinderga	nce					
Nonpublic School Riders (ineligible)	itteri riders)					
TOTAL RIDERS						
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the						
bus operates on the route as app Signature - Chair, Board of Trustees	roved by and	within the transportation s	service area a	ssigned by the County Tran	sportation Con Date	nmittee.
This Application for Registration of area assigned to it by the County	of School Bus Transportation	and State Reimbursemer		accordance with Section 2 eviewed and I certify that this		
Signature - Chair, County Transportat	ion Committee				Date	



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e						one form for ea	ach bus route that
<b>Due Dates</b> All Routes				County Sup ober 1	t To OPI October 15		Rate Per Mile \$1.36
County Name			County Number	District	Name		Legal Entity Number
Rosebud Route #	Length	ength of Route (miles per day)			rip Public Schools  f Service   Bus Route Mile	leage	0796 0797 Rated Capacity
1	63.3			Bus F	□ Non Bus Mile Route Mileage		67
Vehicle I.D. #		cense #			ct - If so, Name of Owner	District Own	ed
4534  Reimbursement Distribution- Er		70	number and percentage		cted rate per mile	aid to each dist	trict Note: Percentages
Legal Entity 0796		egal Entity	must m	natch budger Legal E	t!	Legal Entity	
% 75.00		% 25.	00	%		%	
PASSENGER INFORMATION		/0 25.	00	70		70	
Number of Preschool/Kindergar riding this route	ten pupils	s	ELEMENTARY RID (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a NUMBER		b NUMBER		c a + b
Regular (include eligible Preschool/kriders)  1st Wheelchair (WC)	Kindergarte	en					
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related Service							
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	ance	>					
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	jarten rider	rs)					
TOTAL RIDERS							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the							
bus operates on the route as ap	proved b					sportation Con	
Signature - Chair, Board of Trustees						Date	
County 1 This Application for Registration area assigned to it by the Count	of School	ol Bus and	State Reimbursement		accordance with Section 2 eviewed and I certify that this		
Signature - Chair, County Transporta	ation Comr	mittee				Date	



### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar	nce with Title 20,	Chapter 10, Part 1, MCA	A. School di	strict official must complete	one form for ea	ach bus route that
receives state reimbursement ev			, ,			Rate Per Mile
<b>Due Dates</b> All Routes	<b>::</b>		County Supt ober 1	t <b>To OPI</b> October 15		\$1.80
County Name		County Number	District	Name		Legal Entity Number
Rosebud		44		ip Public Schools		0796 0797
Route #	Length of Route	e (miles per day)	Type of	Service   Bus Route M  Non Bus Mile		Rated Capacity
10	96.4		Bus R	oute Mileage	Ū	84
Vehicle I.D. #	License #		□ District	Owned Council Owner Council Owner	District Own	ed
0425	178		□ Contra	cted rate per mile		
Reimbursement Distribution- En	ter the legal entit		e of state/conatch budget		aid to each dis	trict. Note: Percentages
Legal Entity 0796	Legal Enti		Legal E		Legal Entit	у
% 81.00	% 19	9.00	%		%	
PASSENGER INFORMATION		ELEMENTARY RIDI	ERS	HIGH SCHOOL R	IDERS	TOTAL
Number of Preschool/Kindergart riding this route	en pupils	(Grades PK-8)	LINO	(Grades 9-12		ELIGIBLE RIDERS
		a NUMBER		b NUMBER		c a+b
Regular (include eligible Preschool/K riders)	indergarten	NOWBER		NOWIBER		a + b
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related Service						
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., umiles OR nonresident and no attenda						
agreement) (Include ineligible Preschool/Kinderga						
Nonpublic School Riders (ineligible)						
TOTAL RIDERS						
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filling of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees						
Orginature - Oriali, Dualu di Hustees					Date	
This Application for Registration	of School Bus ar	nd State Reimbursement		accordance with Section eviewed and I certify that thi		
area assigned to it by the County Signature - Chair, County Transporta		Committee.			Date	



### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in assert	anaa with Ti	tla 20. (	Chanter 10 Dort 1 MCA	Cabaal di	atriat afficial must complete	ana farm far a	ash hua rauta that
This form is required in accordance receives state reimbursement							
Due Date				ounty Sup			Rate Per Mile
All Route	S		Octo	ber 1	October 15		\$1.80
County Name			County Number	District	Name		Legal Entity Number
Rosebud			44	Colsti	rip Public Schools		0796 0797
Route #	Length of	Route	(miles per day)		f Service   Bus Route N	-	Rated Capacity
5	22.9			Bus F	□ Non Bus Mil Route Mileage	eage	84
Vehicle I.D. #	Lice	nse #		□ Distric	t Owned	District Own	ed
3540	100	)			act - If so, Name of Owner acted rate per mile		
Reimbursement Distribution- E	nter the lega	al entity		of state/co	ounty reimbursement to be	paid to each dis	trict. Note: Percentages
Legal Entity	Lea	al Entity		atch budge Legal E		Legal Entit	v
0796			797		•		,
0/ 74.00		2/ 00	00	0/		0/	
% 71.00 PASSENGER INFORMATION		% 29	.00	%		%	
Number of Preschool/Kinderga			ELEMENTARY RIDE (Grades PK-8)	RS	HIGH SCHOOL F (Grades 9-1		TOTAL ELIGIBLE RIDERS
riding this route			(Glades I IC-0)		(Grades 9-1	(2)	ELIGIBLE RIBERS
			а		b		С
Regular (include eligible Preschool	/Kindergarten		NUMBER		NUMBER		a + b
riders) 1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related Service							
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e. miles OR nonresident and no atten							
agreement)							
(Include ineligible Preschool/Kinder Nonpublic School Riders (ineligible							
TOTAL RIDERS							
We hereby certify that this bus v	vill operate en	tirely on	the route established by the	Board of Tr	I ustees and within the transport	ation area assigne	ed and approved by the
County Transportation Committee. We agree to supervision of this							
required; to provide a vehicle which Superintendent; and to provide a lice							and the State
We also agree to refrain from so We understand that violations o						nholding of state a	nd county reimbursement for
We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by							
the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filling of an amended TR-1 form and approval of the County Transportation Committee in							
accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the							
bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.					•		
Signature - Chair, Board of Trustees						Date	
					accordance with Section		
This Application for Registratio area assigned to it by the Cour				has been r	eviewed and I certify that th	nis bus operates	within the transportation
Signature - Chair, County Transpor	tation Commi	ttee				Date	



### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This fames is required in accoun	ماغنى د م مرد	T:H- 00 /	Charter 10 Dart 1 MCA	Calagalidi	atriat afficial record as resultate		
This form is required in accord receives state reimbursement							
Due Dat	tes:		То С	ounty Sup	t To OPI		Rate Per Mile
All Route	es		Octo	ber 1	October 15	:	\$1.80
County Name			County Number	District	Name		Legal Entity Number
Rosebud			44	Colsti	rip Public Schools		0796 0797
Route #	Length	of Route	(miles per day)		f Service   Bus Route M	-	Rated Capacity
3	22			Bus F	□ Non Bus Mile Route Mileage	eage	84
Vehicle I.D. #	Li	cense #		□ Distric	t Owned	District Own	ed
2762	10	02			act - If so, Name of Owner acted rate per mile		
Reimbursement Distribution-	Enter the le	egal entity		e of state/co	ounty reimbursement to be p	aid to each dis	trict. Note: Percentages
Legal Entity	■ L	egal Entit		atch budge Legal E		Legal Entity	v
0796			797	9	<b>,</b>		
0/ 04.00		0/ 10	.00	0/		0/	
% 81.00  PASSENGER INFORMATION	N	% 19	0.00	%		%	
Number of Preschool/Kinderg			ELEMENTARY RIDE (Grades PK-8)	RS	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS
riding this route		•	(Grades FR-6)		(Grades 9-12	<del>-</del> )	LEIGIBLE RIDERS
			а		b		С
Regular (include eligible Preschoo	ol/Kindergart	en	NUMBER		NUMBER		a + b
riders) 1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							-
Non-WC IEP Lists Trans as Related Service							
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e	under 3						
miles OR nonresident and no atte							
(Include ineligible Preschool/Kinde Nonpublic School Riders (ineligible		ers)					
	<del></del>						
TOTAL RIDERS							
We hereby certify that this bus County Transportation Committee					ustees and within the transporta		
We agree to supervision of this	bus and bu	s route by	the State Superintendent; to	make such	reports to the State Superintend	ent and County S	Superintendent as are
required; to provide a vehicle which Superintendent; and to provide a l	licensed, qua	alified and	approved driver to operate s	such vehicle a	as required by 20-10-103, MCA.		and the State
					tation areas. will be sufficient cause for withh	nolding of state ar	nd county reimbursement for
this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by							
the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in						ortation Committee in	
accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the						•	
bus operates on the route as approved by and within the transportation service area assigned b  Signature - Chair, Board of Trustees					assigned by the County Tran	nsportation Con	nmittee.
_ g							
County This Application for Registration					accordance with Section		
area assigned to it by the Cou	ınty Transp	ortation (		ilas beeli le	Sviewed and rectury that the	· ·	within the transportation
Signature - Chair, County Transportation Committee Date							



### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e						one form for ea	ach bus route that
<b>Due Dates</b> All Routes				County Supober 1	t To OPI October 15		Rate Per Mile \$1.36
County Name			County Number	District	Name		Legal Entity Number
Rosebud			44	Colstr	rip Public Schools		0796 0797
Route #	Length	h of Route	(miles per day)	Type of	f Service □ Bus Route Mi □ Non Bus Mile		Rated Capacity
4	119.6	6		Bus F	Route Mileage	age	60
Vehicle I.D. #	L	_icense #		□ Distric		District Own	ed
5732	2	236			ct - If so, Name of Owner cted rate per mile		
Reimbursement Distribution- Er	nter the	legal entity		e of state/co		aid to each dis	trict. Note: Percentages
Legal Entity 0796	I	Legal Entit		Legal E		Legal Entity	у
0790			191				
% 38.00		% 62	.00	%		%	
PASSENGER INFORMATION			ELEMENTA DV DID	ED0	LIIOU COLLOGI, DI	DEDO	TOTAL
Number of Preschool/Kindergar riding this route	ten pup	ils	ELEMENTARY RID (Grades PK-8)	EKS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a NUMBER		b NUMBER		c a + b
Regular (include eligible Preschool/k riders)	Kindergaı	rten	NOWBER		NOMBER		u · b
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related Service							
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	ance	1					
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)		iers)					
TOTAL RIDERS							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees							
County 1 This Application for Registration					accordance with Section 2		
area assigned to it by the Count	ty Trans	sportation (		5001116			
Signature - Chair, County Transport	auon Cor	mmitee				Date	



Office of Public Instruction Linda McCulloch, Superintendent PO Box 202501

### Combined School District Application for Registration of School Bus & State Reimbursement

1 copy State Supt. 1 copy County Supt. 1 copy School District

Helena, MT 59620-2501 School Year 2003 - 2004 This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** All Routes October 1 October 15 \$1.80 Legal Entity Number County Name County Number District Name Rosebud Colstrip Public Schools 0796 0797 Length of Route (miles per day) Type of Service ☐ Bus Route Mileage Route # Rated Capacity □ Non Bus Mileage 9A 193.4 Bus Route Mileage Vehicle I.D. # License # District Owned □ District Owned □ Contract - If so, Name of Owner 0424 99 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0796 0797 % % % % 93.00 7.00 PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** riding this route С **NUMBER** NUMBER a + h Regular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in

accordance with 20-10-132, MCA

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the

bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee Signature - Chair, Board of Trustees Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee	Date



### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordar receives state reimbursement events.							m for eac	h bus route that			
	agii tia					Ra	ate Per Mile				
<b>Due Dates</b> All Routes		<b>To County Supt</b> October 1			<b>To OPI</b> October 15		).95				
County Name			County Number D		District Name		L	egal Entity Number			
Rosebud			44 A		Ashland Elementary		C	800			
			ute (miles per day)		Type of Service ☐ Bus Route M		eage Rated Capacity				
2 86.2			Bus Roi		□ No oute Mileage	□ Non Bus Mileage		1			
Vehicle I.D. # License			e# □ District O			ed Contractor Owned					
6372 1029					Contract - If so, Name of Owner Horace Goodwin Contracted rate per mile						
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!											
Legal Entity 0800		Legal Entity			Legal Entity		Legal Entity				
% 100.00		%		%			%				
PASSENGER INFORMATION		1	EL EMENTA DV DIDI	-D0	1110116	OLIOOL DIDEDO		TOTAL			
Number of Preschool/Kindergarten puriding this route		oils	ELEMENTARY RIDI (Grades PK-8)	=K5	HIGH SCHOOL RIDERS (Grades 9-12)			TOTAL ELIGIBLE RIDERS			
			a NUMBER			b NUMBER		c a + b			
Regular (include eligible Preschool/k riders)	Regular (include eligible Preschool/Kindergarten										
1st Wheelchair (WC)											
2nd Wheelchair (WC)											
Additional Wheelchairs (WC)											
Non-WC IEP Lists Trans as Related Service		1									
TOTAL ELIGIBLE RIDERS											
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement)											
(Include ineligible Preschool/Kindergarten riders Nonpublic School Riders (ineligible)		ders)									
,											
TOTAL RIDERS											
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the											
l certify that this application for r bus operates on the route as ap											
Signature - Chair, Board of Trustees	3					Date					
County 1			n Committee Approval as								

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date



### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement evaluations.										
<b>Due Dates</b> All Routes			County Suprober 1	To OPI October 15		Rate Per Mile \$0.95				
County Name	County Number	District	Name		Legal Entity Number					
Rosebud	44		nd Elementary		0800					
Route #	Length of Route		Type of	Service   Bus Route Mi  Non Bus Mile		Rated Capacity				
1		Bus R	oute Mileage		41					
Vehicle I.D. #		□ District	Owned ( ct - If so, Name of Owner	Contractor C	Owned					
4417	D282		□ Contra							
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!										
Legal Entity	Legal Enti				Legal Entity					
0800										
% 100.00	% 100.00 %		%		%					
PASSENGER INFORMATION		EL EMENTA DV DIDI		LIIOU AQUAQU DI	DEDO	TOTAL				
Number of Preschool/Kindergarten pupils riding this route		ELEMENTARY RIDERS (Grades PK-8)		HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS				
		a NUMBER		b NUMBER		c a + b				
Regular (include eligible Preschool/Kindergarten riders)		NOMBER		NOMBER		u · b				
1st Wheelchair (WC)										
2nd Wheelchair (WC)										
Additional Wheelchairs (WC)										
Non-WC IEP Lists Trans as Related	Service									
TOTAL ELIGIBLE RIDERS										
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	ance									
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	arten riders)									
TOTAL RIDERS										
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I certify that this application for r bus operates on the route as ap	•			•	,	· ·				
Signature - Chair, Board of Trustees	sagned by the County ITall	Date								
County T This Application for Registration area assigned to it by the Count	of School Bus ar	nd State Reimbursement		accordance with Section 2 eviewed and I certify that this						
Signature - Chair, County Transporta	Date									